a full ten-day stay. The physicians, too, are changing, and moonlighting physicians are commonplace in county hospital facilities.

It is my belief that having embarked on the road of destroying the county hospitals the government should complete the job. With the savings that would be gained, the local administrations and the state could provide realistic remuneration for the hospitals and the physicians in the private sector to take care of these patients.

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Psoriasis and Diet

TO THE EDITOR: I enjoyed very much the excellent discussion in September's Medical Staff Conference, "Psoriasis." The conclusion of the discussion that we now have no ideal treatment for psoriasis is clearly valid. Still, I would like to mention a personal experience that has left me wondering just what causes psoriasis and if proceeding with a different kind of research would be useful.

In 1968 my wife, a registered nurse, developed a rash that gradually progressed to a moderately severe psoriasis. Although we sought the finest dermatological treatment, the rash persisted: she held it in check with topical steroids. After seven years of this she discovered by using an elimination diet that the rash resolved when she stopped eating fruits (especially citrus fruits), nuts, corn and milk.

Although this is only one case, it was carefully studied, so I felt reasonably comfortable in trying a similar program on five of my patients. All improved. I also asked them to stop using such acidic foods as coffee, tomatoes, sodas and pineapples because empirically I had found this helped. In fact, elimination of acids has helped a number of patients with various rashes during the five years I have used it. This method is without side effects, simple, easily administered and reasonably effective. Although not ideal, it may be worth considering for certain cases.

Theoretically, this approach makes some sense because our gut bacteria, fungi and viruses make substances that we sometimes absorb (B_{12} for one),[1] and these flora must eat what we put in our intestines. Their excretions are probably directly related to the substances they ingest. Perhaps some gut-flora excretions cause drug-type eruptions because gut-microorganisms synthesize drug-like substances when we ingest certain items.

We might benefit by addressing more research to the chemical reactions (gut secretions plus ingested substances) and gut-flora eliminations that take place when people eat certain cooked[2] and uncooked[3-5] foods and combinations of them.

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Repository, Not Respiratory

AN ERROR has been noted in a letter, "Triamcinolone and Keloids," by Ernst Epstein, MD, in the September issue, page 257. In typsetting, the word *respiratory* was twice substituted for *repository*. The section affected should have read as follows: "However, there are three, not two, commercially available *repository* triamcinolone injection materials. Triamcinolone hexacetonide was not mentioned. This salt is the least soluble, and therefore the longest acting of the *repository* triamcinolone preparations on the market" [italics added].

—ED.